

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046463

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 262

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN WASHINGTON

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

FRANKLIN

c. CITY
OR TOWN

UNION

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITALInside Limits
Yes ☐ No ☐

d. STREET ADDRESS (if outside, give location)

307 SPRINGFIELD AVE.

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

FRED

Middle

W.

Last

LUEKER

4. DATE
OF DEATH

Month

DEC.

Day

19

-Year

1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
MAR. 5, 18829. AGE (last birthday)
80IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
CARPENTER11. BIRTHPLACE (City and state or country)
BEAUFORT, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

HERMAN LUEKER

13b. MOTHER'S MAIDEN NAME

MARY BEBEMEYER

14. NAME OF HUSBAND OR WIFE

DEC.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
2

17. INFORMANT

Address

MR. ELMER LUEKER 23 CONSTANCE CT.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ST. ANN, MO.
Arterio sclerotic Cardiovascular DiseaseINTERVAL BETWEEN
ONSET AND DEATH

5 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-8-62 to 12-19-62 and last saw him alive on 12-19-62

Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. J. Stillman M.D.

22b. ADDRESS

Union, MO

22c. DATE SIGNED

12-20-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

DEC. 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEM.

23d. LOCATION (City, town, or county)

WASHINGTON

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME UNION, MO.

25. DATE RECD. BY LOCAL REG.

12/24/62

26. REGISTRAR'S SIGNATURE

L. J. Stillman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

JAN 4 1963

Permit received 1/4/22/62
J. C. H. By J. A. Lewis Deputy